



**State of Hawaii, Department of Health, Clean Water Branch**

**CWB-NOI Form E**

**Notice of Intent for HAR, Chapter 11-55, Appendix E - NPDES General Permit Coverage Authorizing Discharges of Once Through Cooling Water Less Than One (1) Million Gallons per Day**

Before completing this form, read the *General Guidelines for NOI Forms B through L* and *Guidelines for CWB-NOI Form E*. Alteration of the text in this form may delay the processing of this submittal.

1. Owner Information (see Guidelines for CWB-NOI Form E - Note 1)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

2. Owner Type (see Guidelines for CWB-NOI Form E - Note 2)

City ☐ County ☐ State ☐ Federal ☐ Private ☐ Other ☐

If "Other" is checked, specify the type below:

\_\_\_\_\_

3. Operator Information (see Guidelines for CWB-NOI Form E - Note 3)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

4. Facility Information (see Guidelines for CWB-NOI Form E - Note 4)

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

Island: \_\_\_\_\_

Tax Map Key No(s).			
Zone	Section	Plat	Parcel(s)

5. Receiving State Water(s) Information (see Guidelines for CWB-NOI Form E - Note 5)

a. Receiving State Water Name: \_\_\_\_\_

Discharge Point Coordinates into the Receiving State Water:

Latitude: ° ' '' N Longitude: ° ' '' W

Classification: (check the appropriate space(s))

Inland: Class 1 ☐ Class 2 ☐ and Estuary ☐

Marine: Class AA ☐ Class A ☐ and Embayment ☐

NOTE: Discharges to Class 1 or Class AA waters are not qualified for coverage under this NPDES General Permit. Please see the CWB website at <http://www.hawaii.gov/health/environmental/water/cleanwater/forms/indiv-index.html> for the NPDES Individual Permit application forms or contact the CWB.

b. Are there additional discharge points into receiving State waters?

No ☐ Yes ☐ If yes, provide the information requested in Item 5.a. on a separate sheet.

c. Does the discharge enter a storm water drainage system?

No ☐ Yes ☐ If yes, provide the following information. Attach a separate sheet with the requested information if there is more than one (1) discharge point into the storm water drainage system.

i. Drainage System Owner's name: \_\_\_\_\_

ii. Discharge Point Coordinates into the Drainage System:

Latitude: ° ' " N Longitude: ° ' " W

iii. A copy of the permit, license, or equivalent written approval granted by the owner(s) of the drainage system(s) allowing the subject discharge to enter their drainage system(s) is attached.

Yes ☐ No ☐ , an explanation is attached.

6. Cooling Water Discharge Information (see Guidelines for CWB-NOI Form E - Note 6)

a. Source(s) of Once-Through Cooling Water

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b. Start Date of New Discharge

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c. Average Frequency of Flow

\_\_\_\_\_ days per year for \_\_\_\_\_ hours per day

d. Duration of any Intermittent or Seasonal Discharge

\_\_\_\_\_ days per discharge for \_\_\_\_\_ hours per discharge

e. Average Flow

\_\_\_\_\_ gallons per day

7. Location Map (see Guidelines for CWB-NOI Form E - Note 7)

a. A location map which shows the following is attached: Yes ☐ No ☐

i. Island on which the facility is located, and

ii. Location of the facility.

b. A topographic map or maps of the area which clearly show the following is/are attached:

Yes ☐ No ☐

i. Legal boundaries of the facility,

ii. Location and identification number of each of the facility's existing and/or proposed outfalls or discharge points, and

iii. Receiving State water(s) and receiving storm water drainage system(s), if applicable, identified and labeled.

8. Flow Chart (see Guidelines for CWB-NOI Form E - Note 8)

A flow chart or line drawing showing the general route taken by the cooling water through the facility from intake to the discharge point is attached.

Yes ☐ No ☐

9. Existing or Pending Permits, Licenses, or Approvals (see Guidelines for CWB-NOI Form E - Note 9)

Provide the status and corresponding file numbers on any existing or pending environmental permits.

a. Other NPDES Permit or NGPC File No.: \_\_\_\_\_

b. DA Permit: \_\_\_\_\_

c. Section 401 WQC: \_\_\_\_\_

d. RCRA Permit (Hazardous Wastes): \_\_\_\_\_

e. Facility on SARA 313 List (identify SARA 313 chemicals on site):  
\_\_\_\_\_

f. Other (Specify): \_\_\_\_\_

10. NGPC Renewal (see Guidelines for CWB-NOI Form E - Note 10)

Is this an application for NGPC renewal?

No ☐ Yes ☐ If yes, provide the assigned File No.: \_\_\_\_\_

11. Automatic Coverage Under General Permit (see Guidelines for CWB-NOI Form E - Note 11)

a. ☐ I elect to claim automatic coverage per HAR, Section 11-55-34.09(f).

b. ☐ I elect to waive automatic coverage per HAR, Section 11-55-34.09(g).

12. North American Industrial Classification System (NAICS) United States Structure Codes (see General Guidelines for NOI Forms B through L - Note IV)

	NAICS Codes						Description
a							
b							
c							
d							

13. Cooling Water Parameters (see Guidelines for CWB-NOI Form E - Note 13)

All parameters must be tested and reported. Provide laboratory data sheets in addition to completing the following table.

Parameter	Maximum Daily Value		Average Daily Value		Number of Measurements	Method Detection Limit	Test Method	Source of Estimate (if not tested)	HAR, §11-54
	Mass (lbs)	Concentration	Mass (lbs)	Concentration					
Biochemical Oxygen Demand (BOD) (mg/l)									
Total Suspended Solids (TSS) (mg/l)									
Fecal coliform (MPN/100ml) {1}									
Total Residual Oxidants (mg/l) {2}									
Oil and Grease (mg/l)									
Chemical Oxygen Demand (COD) (mg/l)									
Total Organic Carbon (TOC) (mg/l)									
Ammonia (as N) (mg/l)									
Discharge flow (MGD)									
pH (standard units)									
Temperature (winter) (°C)									
Temperature (summer) (°C)									

lbs = pounds

mg/l = milligrams per liter

MPN/100 ml = millipore number per one hundred milliliters

ml = milliliters

MGD = million gallons per day

°C = degrees celcius

NOTES:

{1} Monitor and test if fecal coliform is believed present or if any sanitary waste is or will be discharged.

{2} Monitor and test if chlorine is used. Total residual oxidants (TRO) is obtained using the amperometric titration method for total residual chlorine described in 40 CFR Part 136.

14. Cooling Water Additives (see Guidelines for CWB-NOI Form E - Note 14)

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15. Treatment System (see Guidelines for CWB-NOI Form E - Note 15)

Attach a description of the treatment system on separate sheets with reference to Item 15. It shall provide information requested in Guideline Note 15 by describing any treatment system used or to be used.

☐

A description of the treatment system is submitted as an attachment to CWB-NOI Form E.

☐

A description of the treatment system will be submitted 30 days before the start of discharge activities.

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No treatment is performed on the cooling water because:

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16. Additional Information (see Guidelines for CWB-NOI Form E - Note 16)

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17. Authorization of Representative (see Guidelines for CWB-NOI Form E - Note 17)

Alteration of this item will result in the invalidation of the authorization statement(s).

- a. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: (    ) \_\_\_\_\_ Fax No.: (    ) \_\_\_\_\_

- b. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to process the required CWB-NOI Form for coverage under the NPDES general permit to discharge to State waters from the subject facility. Our representative is further authorized to fulfill all conditions of the NGPC. The Owner hereby agrees to comply with and be responsible for all NGPC conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: (    ) \_\_\_\_\_ Fax No.: (    ) \_\_\_\_\_

- c. This statement authorizes the named individual or any individual occupying the named position of the company/organization listed below to act as our representative to fulfill all conditions of the NGPC for the subject facility. The Owner hereby agrees to comply with and be responsible for all NGPC Conditions.

Company/Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State and Zip Code+4: \_\_\_\_\_

Authorized Contact Person & Title: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

- d. ☐ A separate statement is attached.



18. Certification (see Guidelines for CWB-NOI Form E - Note 18)

Alteration of this item will result in the invalidation of this CWB-NOI Form submittal. **The person certifying this CWB-NOI Form must meet one of the following descriptions and be employed by the owner listed in Item 1.**

- ☐ I certify that for a municipal agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a state agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a non-federal public agency, I am a principal executive officer or ranking elected official.
- ☐ I certify that for a federal agency, I am the chief executive officer of the agency, or I am the senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency.
- ☐ I certify that I am a general partner for a partnership.
- ☐ I certify that I am the proprietor for a sole proprietorship.
- ☐ I certify that for a corporation, I am the President, Vice President, Secretary, or Treasurer of the corporation and in charge of a principal business function, or I perform similar policy or decision-making functions for the corporation.
- ☐ I certify that for a corporation, I am the Manager of one or more manufacturing, production, or operating facilities and am authorized to make management decisions which govern the operation of the regulated facility or facilities including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations. I can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements and authority to sign documents has been assigned or delegated to me in accordance with corporate procedures.
- ☐ I certify that for a trust, I am a trustee.
- ☐ I certify that for a limited liability company (LLC), I am the Manager or a Member authorized to make management decisions for the LLC and am in charge of a principal business function, or I perform similar policy or decision-making functions for the LLC.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company/Organization Name: \_\_\_\_\_

Phone No.: ( ) \_\_\_\_\_ Fax No.: ( ) \_\_\_\_\_

CWB-NOI Form E Checklist			
If any item (except for Item 16) is listed as "no," attach a sheet with the reason for its exclusion from the CWB-NOI Form E submittal.			
Item Number	Description	Is info. provided?	
		yes	no
1.	Owner Information		
2.	Owner Type		
3.	Operator Information		
4.	Facility Information		
5.	Receiving State Water(s) Information		
6.	Cooling Water Discharge Information		
7.	Location maps are attached		
8.	Flow chart is attached		
9.	Existing or Pending Permits, Licenses, or Approvals		
10.	NGPC Renewal		
11.	Automatic Coverage Under General Permit		
12.	North American Industrial Classification System (NAICS) United States Structure Codes		
13.	Cooling Water Quality Parameters		
14.	Cooling Water Additives		
15.	Treatment System		
16.	Additional Information		
17.	Authorization of Representative		
18.	Certification		
19.	Filing Fee (\$500) is attached		
20.	Number of copies with supporting documents submitted		
	a. One (1) copy for projects on the island of Oahu		
	b. Three (3) copies for projects on the island of Hawaii		
	c. Two (2) copies for projects on islands other than Oahu and Hawaii		
21.	Submit a list of all supporting documents (see General Guidelines for NOI Forms B through L - Note X)		